



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/172886

PRELIMINARY RECITALS

Pursuant to a petition filed March 16, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Racine County Department of Human Services in regard to Medical Assistance, a hearing was held on April 13, 2016, at Racine, Wisconsin.

The issue for determination is whether the agency correctly denied the petitioner's application for Elderly, Blind, or Disabled (EBD) Medicaid.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

I

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED]

Racine County Department of Human Services
1717 Taylor Ave
Racine, WI 53403-2497

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner (CARES # [REDACTED]) is a resident of Racine County.
2. On February 22, 2016 the petitioner applied for Elderly, blind, or disabled (EBD) Medicaid (MA).
3. The petitioner's monthly gross income is \$1,597 from social security disability.

4. The petitioner verified his assets as a vehicle valued at \$1,500 and a bank account with a balance of \$3,630.25.
5. On March 2, 2016 the agency sent the petitioner a notice stating that he was denied EBD MA coverage because he was over the program income and asset limit.
6. On March 16, 2016 the Division of Hearings and Appeals received the petitioner's Request for Fair Hearing.

DISCUSSION

Medical Assistance (MA) is a state-federal program designed to pay for medical coverage for low income persons. To qualify for MA, a person must be both nonfinancially and financially eligible. There is no dispute that the petitioner is nonfinancially eligible (e.g., disabled). To be financially eligible, a person must have assets that are under the program's asset limit of \$2,000, and income that is under the appropriate income limit. The income limit for EBD MA without a deductible is \$591.67 per month. Where the recipient's income is over the income limit, an MA deductible must be satisfied before MA eligibility begins. Wis. Stat. §49.47(4)(c); Wis. Admin. Code § DHS 103.08(2); MA Eligibility Handbook (MEH), Appendix 24.1, at <http://www.emhandbooks.wi.gov/meh-ebd/>.

In this case the petitioner's assets are over the \$2,000 asset limit. He has \$3,630.25 in one bank account. He may have another bank account with more money. This is over the asset limit, and thus the agency correctly denied his application. His income is also over the program income limit. If the petitioner's assets get to the point where the assets are below \$2,000, the petitioner may reapply. His income would still be over the limit, but it is possible that he would be eligible for EBD MA with a deductible. The petitioner will likely not be satisfied with the deductible amount. MA deductibles are calculated for six-month periods. To calculate the deductible, the "medically needy" income amount is subtracted from the household's income (less a \$20 unearned income disregard), and the remainder is multiplied by six. Wis. Stat. §49.47(4)(c); Wis. Admin. Code § DHS 103.08(2); MA Eligibility Handbook (MEH), Appendix 24.1, at <http://www.emhandbooks.wi.gov/meh-ebd/>. The petitioner may also seek Medical coverage through the marketplace until he becomes eligible for Medicare.

CONCLUSIONS OF LAW

The agency correctly denied the petitioner's application for Elderly, Blind, or Disabled (EBD) Medicaid.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 19th day of April, 2016

\sCorinne Balter
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
Suite 201
5005 University Avenue
Madison, WI 53705-5400

Telephone: (608) 266-3096
FAX: (608) 264-9885
email: DHAmail@wisconsin.gov
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on April 19, 2016.

Racine County Department of Human Services
Division of Health Care Access and Accountability